

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**10/ 5 96376**

FILING DATE  
**6-11-2006**

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 1 <sup>st</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		/				
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49						
50						
TOTAL IND.	9	↓	9	↓		↓
TOTAL DEP.	34	←	8	←		←
TOTAL CLAIMS	43		17			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 1 <sup>st</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						